

Cimzia (Certolizumab pegol) Prior Authorization Request Form



5600

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Pharmacy Program (TPHarm). Express Scripts is the TPHARM contractor for DoD.

SPECIAL NOTES: Cimzia, Enbrel, Kineret and Simponi are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira and Amevive, which are formulary (Tier 2). TRICARE does not cover Cimzia for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary instead of a formulary agent.

Medical necessity forms are available on the TRICARE Pharmacy website at http://pec.ha.osd.mil/forms_criteria.php. This form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Cimzia, Enbrel, Kineret, or Simponi require both forms.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
	<ul style="list-style-type: none">The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php.

Drug for which Prior Authorization is requested:

Cimzia (certolizumab pegol)

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID# _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment

1. Will the patient be receiving Orenia (abatacept), Humira (adalimumab), Kineret (anakinra), Enbrel (etanercept), Simponi (golimumab), Remicade (infliximab), or Rituxan (rituximab) in combination with Cimzia?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Please proceed to Question 2
2. Is Cimzia being prescribed for moderately to severely active Crohn's disease refractory to conventional therapy?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below	<input type="checkbox"/> No Please proceed to Question 3
3. Is Cimzia being prescribed for the treatment of moderately to severely active rheumatoid arthritis?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below	<input type="checkbox"/> No Coverage not approved

Quantity limits: limited to a 4-week supply in retail and an 8-week supply in mail order with a one-time allowance for loading dose at initiation of therapy.

Step 3 I certify that the above is correct to the best of my knowledge (Please sign and date):

_____ Prescriber Signature	_____ Date
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Latest Revision: December 2009